

ERENCE & ASSOCIATES  
Amendment Transmittal



Corres. and Mail  
BOX AF

Atty. Docket No. YO-999-599  
(590.005)

AF/2641  
HQ  
9/26/02  
DH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Franz et al.  
Serial No. : 09/493,507 Examiner : D. Abebe  
Filed : January 28, 2000 Group Art Unit : 2641  
For : INDEXING WITH TRANSLATION MODEL FOR FEATURE  
REGULARIZATION

SEARCHED  
INDEXED  
MAILED  
FILED  
ORIGINALLY FILED

HON. COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

RECEIVED

SEP 20 2002

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1.  Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

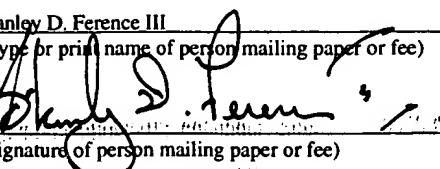
OR

2.  In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3.  Small Entity status of this application has been established by a verified statement previously submitted.
4.  A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on September 3, 2002 with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Stanley D. Ference III  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

Attn: Commissioner for Patents  
U.S. Patent and Trademark Office  
P.O. Box 1450  
Washington, D.C. 20231-1450

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(590.005)

5.  Also enclosed: Two return postcards
6.  No additional filing fee is required.
7.  The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
Total Claims	19	** 20	= * 0	x \$9	=	O x \$18	= 0
Ind. Claims	3	*** 3	= * 0	x \$42	=	O x \$84	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$140	=	O + \$280	=
				<u>TOTAL</u>	= \$ _____	O <u>TOTAL</u>	= \$0 _____

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

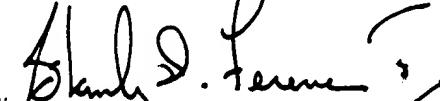
\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8.  Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9.  The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10.  The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

ERENCE & ASSOCIATES

Dated: 3-Sept-2002

By   
Stanley D. Ference III  
Reg. No. 33,879

Mailing Address:

ERENCE & ASSOCIATES  
129 Oakhurst Road  
Pittsburgh, Pennsylvania 15215  
(412) 781-7386  
(412) 781-8390 - Facsimile